

treatments in patients recurrent high grade serous ovarian cancer (HG-SOC) with partial platinum response are similar. This finding may support use of liposomal doxorubicin with longer treatment intervals and less hospital admission for the patient.
Disclosures none

#1041 A SUCCESS STORY OF PEMBROLIZUMAB IN A WOMAN WITH SMALL CELL CARCINOMA OF THE HYPERCALCEMIC TYPE OF THE OVARY

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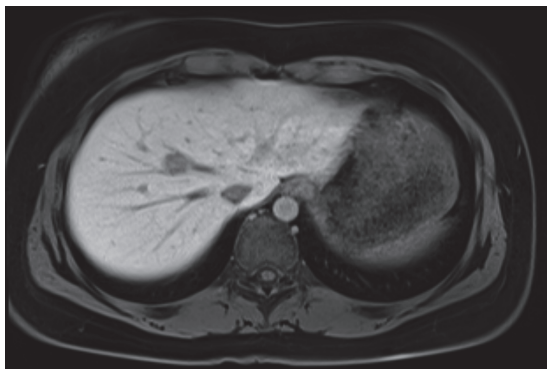
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Introduction/Background We present the rare case of a 23 year old woman with small cell carcinoma of the right ovary of the hypercalcemic type (SCCOHT). Initial diagnosis was at 20 years of age in September 2019, she presented with severe abdominal pain and a 16cm tumor of the right ovary. Electrolytes, including calcium were normal. First, oophorectomy of the right ovary performed. Following histological diagnosis of SCCOHT and staging via positron emission tomography (PET)-scan was done, en-bloc resection of the uterus and left adnexa, peritonectomy, omentectomy and bowel resection with anastomosis of colon descendens and rectum was performed via laparotomy. TNM stage was pT3c N1 (3/7) L0 V0.

She received 4 cycles of adjuvant chemotherapy with cisplatin, etoposide and ifosfamid. Unfortunately, computertomography scan and magnetic resonance imaging (MRI) after chemotherapy revealed a new liver metastasis.

High-dosage chemotherapy with cyclophosphamide, followed by carboplatin and etoposide was applied followed by autologous stem cell transplantation. Despite extensive treatment MRI in October 2020 showed new disseminated liver metastases. PDL-1 testing showed a CPS (combined positive score) of 2. In November 2020 immunotherapy with pembrolizumab q21d was started. MRI in December 2020 showed remission of hepatic metastases under therapy with pembrolizumab [see image 5]. Additionally, brachytherapy of 20Gy with Iridium-192 in afterloading technique of hepatic segments IVa/VIII and VIII was done. Alternating PET-scan and MRI every 3 months showed no tumor recurrence.

To date, in April 2023, therapy with pembrolizumab is being continued without any sign of recurrence.



Abstract #1041 Figure 1 MRI prior to therapy with pembrolizumab

Methodology Case report

Results Our patient, a 23 year old woman with SCCOHT with hepatic metastases, is currently 29 months under treatment with pembrolizumab.

Conclusion This is the longest survival under pembrolizumab reported in the literature so far.

Disclosures None

#1049 SURVIVAL ANALYSES IN PATIENTS WITH PLATINE RESISTANT RECURRENT HIGH GRADE SEROUS OVARIAN CANCER WHO UNDERWENT PACLITAXEL RECHALLENGE

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Introduction/Background In our clinical practice we began to plan paclitaxel rechallenge earlier (in thirdline) in patients with platine resistant recurrent high grade serous ovarian cancer (HG-SOC) and our aim is to evaluate the outcome of this approach with other prognostic factors.

Methodology This retrospective study included 49 patients. Patient data including age, recurrence time, histopathological results, chemotherapy protocols, were obtained from the hospital database. Early paclitaxel rechallenge was defined as paclitaxel rechallenge in the thirdline after the secondline liposomal doxorubicin, late paclitaxel rechallenge was defined as treatment in further lines.

Results The median age of the was 54 (range, 27–77). Median overall survival (OS) was 45 (range, 21–186) months. In survival analyses patients who underwent late rechallenge had worse overall survival (58.9 vs. 64.4 months, p:0.219) but this finding did not reach a statistical significance. In evaluation of challenges agent types patients who underwent single agent (only paclitaxel) had better OS when compared to two agents (paclitaxel + carboplatine); 67.6 vs 54.4 months (p:0.713) whereas this also did not reach a statistical significance.

Conclusion Despite the later onset of approach and low number of patients the results of our study supports that early paclitaxel rechallenge may be promising in management of platine resistant recurrent high grade serous ovarian cancer. Also, single agent rechallenge may be a better option to avoid the chemotherapy related side effects with better overall survival results.

Disclosures none

#1052 HYPERTHERMIC INTRAOPERATIVE INTRAPERITONEAL CHEMOTHERAPY (HIPEC) WITH PRIMARY OR INTERVAL CYTOREDUCTIVE SURGERY IN THE TREATMENT OF ADVANCED EPITHELIAL OVARIAN CANCER

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Introduction/Background Ovarian cancer has the highest mortality rate among gynecologic malignant tumors. Data are lacking on the survival benefit of hyperthermic intraperitoneal

chemotherapy (HIPEC) in women with ovarian cancer who underwent primary or interval cytoreductive surgery. We aimed to assess the clinical benefit of HIPEC after primary or interval maximal cytoreductive surgery in women with stage III or IV primary advanced ovarian cancer.

Methodology A total of 194 patients with stage III or IV ovarian cancer who underwent cytoreductive surgery (CRS) were included in the study. Sixty-five patients underwent cytoreductive surgery with HIPEC using cisplatin (80 mg/m² for 60 min at 42 °C), carboplatin (800 mg/m² for 60 min at 42 °C), or mitomycin (35 mg/m² for 60 min at 42 °C), 129 patients underwent cytoreductive surgery alone.

Results There was no significant difference between baseline characteristics of two groups. The groups were similar in terms of stage and residual disease (table 1). The rates of intraoperative complications were similar. The rate of postoperative complication (all grade) was higher in HIPEC group than CRS only (p=0.036). Grade 3–4 complication rates were similar. Operation time was longer in the HIPEC group (p<0.00).

Conclusion The addition of HIPEC to cytoreductive surgery is feasible and safe with acceptable intraoperative complication risk and postoperative morbidity risk in advanced stage ovarian cancer patients.

Disclosures All authors declare that there are no conflicts of interest involved with the presented data.

#1064 RE-HYPERTHERMIC INTRAOPERATIVE INTRAPERITONEAL CHEMOTHERAPY (RE-HIPEC) IN PATIENTS WITH RECURRENT OVARIAN CANCER

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Introduction/Background The usage of cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for advanced gynecological cancers is increasing. HIPEC has been widely investigated in patients with peritoneal carcinomatosis, including those with epithelial ovarian cancer. We aimed to evaluate the effects of re-HIPEC in patients with recurrent epithelial ovarian cancer who underwent re-CRS and re-HIPEC.

Methodology It was a retrospective study analyzing the patients (n=9) with advanced stage EOC undergoing HIPEC following the CRS at two tertiary hospitals.

Abstract #1064 Table 1

1	Histology	Age	NACT	1.HIPEC	First line CT	DFS	2.HIPEC	Second line CT	Complication	Status
1	HGSC	52	-	Cisplatin	Carboplatin + paclitaxel	15	Cisplatin	Carboplatin + paclitaxel	-	Exitus
2	HGSC	51	-	Cisplatin	Carboplatin + paclitaxel	11	Cisplatin	Carboplatin + paclitaxel	-	Exitus
3	Clear cell	50	-	Cisplatin	Carboplatin + paclitaxel	18	Carboplatin	Carboplatin + paclitaxel	-	Alive
4	HGSC	55	-	Carboplatin	Carboplatin + paclitaxel	12	Cisplatin	Carboplatin + paclitaxel	-	Alive
5	HGSC	49	-	Cisplatin	Carboplatin + paclitaxel	53	Oxaliplatin	Carboplatin + paclitaxel	-	Alive
6	HGSC	62	-	Carboplatin	Carboplatin + paclitaxel	8	Carboplatin	Carboplatin + paclitaxel	-	Alive
7	HGSC	59	-	Oxaliplatin	Carboplatin + paclitaxel	21	Carboplatin	Carboplatin + paclitaxel	-	Alive
8	HGSC	50	-	Cisplatin	Carboplatin + paclitaxel	44	Carboplatin	Carboplatin + paclitaxel	-	Alive
9	HGSC	48	-	Carboplatin	Carboplatin + paclitaxel	11	Carboplatin	Carboplatin + paclitaxel	-	Alive

Results The mean age was 53.22 ± 4.68 years. The subtypes of the patients were high-grade serous cancer (n=8) and clear

cell ovarian cancer (n=1) (table 1). The median recurrence time after first HIPEC was 15 (8–53, range) months. None of them developed complication during re-HIPEC.

Conclusion Re-cytoreduction with re-HIPEC is feasible and safe in recurrent ovarian cancer patients.

Disclosures All authors declare that there are no conflicts of interest involved with the presented data.

#1069 PREDICTIVE VALUE OF PERITONEAL CARCINOMATOSIS INDEX FOR CYTOREDUCTIVE SURGERY

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Introduction/Background Different cutoff values of peritoneal carcinomatosis index (PCI) were proposed for cytoreductive surgery according to the current literature. They differ broadly not only among primary localizations, but among researchers of the same pathology as well. Peritonectomy is a main time-consuming procedure during cytoreductive surgery, thus it may be helpful to predict duration of operation based on clinical data.

Methodology Retrospective analysis of operative reports of patients who received high complexity cytoreductive surgery from 2020 to 2023 years in department of minimally invasive surgery (Kyiv City Clinical Oncology Center). Descriptive statistics and automatic linear modeling were applied (IBM SPSS Statistics 23).

Results One hundred twenty-four cases were identified. Ovarian cancer patients were the majority of them (n=110; 89%). PCI range from 0 to 38 (mean 14,02±8,82), operative time – 100–800 min (mean 421±138). CA125 has a highest predictor importance for PCI. To predict duration of cytoreductive surgery three major factors were established: CA125 (predictor importance 0,54), PCI (predictor importance 0,41), lymph nodes metastases (predictor importance 0,05). Accuracy of such model was 66,7%.

Conclusion CA125 and PCI are the main factors to predict duration of surgery. Further search of additional factors may help in improvement of proposed predictive model.

Disclosures none

#1072 TREATMENT AND OUTCOME OF LIVER METASTASES IN PATIENTS WITH OVARIAN CANCER: EXPERIENCE OF A TERTIARY HEPATIC CENTER

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Introduction/Background

Aim To evaluate the perioperative and survival outcomes of hepatic resections for ovarian cancer derived liver metastases, as part of cytoreductive surgery.

Methodology A university tertiary hepatic center database was investigated retrospectively for patients with primary and